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CITY OF NORTHAMPTON

MASSACHUSETTS 01060

OFFICE OF THE **HEALTH DEPARTMENT**



APPLICATION FOR HOUSING INSPECTION AND CERTIFICATION OF FITNESS FOR MASSACHUSETTS RENTAL VOUCHER PROGRAM

Name of Property Owner:						Date:	
Address of Property Owner: Tel:							Tel:
(1) I herewith request a Housing Code Inspection and Certification of Fitness for Human Habitation for the following () apartment(s). (Give the total number of apartments to be inspected)							
(2)	Wa	s dwelling Constructed Prior to 1978? Yes		No			Signature of Owner
(3)	Stre	et Address:					
	(A)	Apartment #: Children under six (6) years old	l Yes		No		Occupant's Name & Phone #:
	(B)	Apartment #: Children under six (6) years old	l Yes		No		Occupant's Name & Phone #:
	(C)	Apartment #: Children under six (6) years old			No		Occupant's Name & Phone #:
	(D)	Apartment #: Children under six (6) years old		п	No		Occupant's Name & Phone #:
	(E)	Apartment #: Children under six (6) years old			No		Occupant's Name & Phone #:
(If necessary, attach additional sheets to this application if more apartments are to be listed.)							
(4)	Encl	osed is a check for \$	_ for			_ insp	ections. (@ \$75 ^{.00} per apartment.)
(5)	age of six (6) years reside there, you MUST have a Licensed Lead Paint Inspector certify, in writing, that the property is in compliance with the State Lead Paint Laws – 760 CMR 49.04 (13). A Copy of this Lead Paint Certification Report must be filed with the Board of Health prior to issuance of the MRVP Certification letter.						
(6)	Retu	212 M	ampto ain Stı ampto	reet			th
	MAKE CHECKS PAYABLE to the CITY OF NORTHAMPTON						